required)

To be assigned

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#### PU-0124 Attorney Docket Number **DECLARATION FOR UTILITY OR** R. Palmgren First Named Inventor **DESIGN COMPLETE IF KNOWN** PATENT APPLICATION To be assigned (37 CFR 1.63) Application Number 23-May-2001 Filing Date □ Declaration ☐ Declaration To be assigned Submitted after Initial Submitted Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name**

As a below named inven	tor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
Peptide Fragmentation										
the specification of which	(Title	le of the Invention)								
is attached hereto		•								
was filed on (MM/D	D/YYYY)	as United	d States Applica	tion Number or	PCT International					
Application Number	and w	as amended on (MM/DD/YY	YYY)		(if applicable).					
I hereby state that I have re	eviewed and understand the	contents of the above identi	/ <del></del>	n, including the	claims, as					
, ,	ent specifically referred to abo			-0.4 = 6						
l acknowledge the duty to d	disclose information which is	material to pateritability as t	aetinea in 37 OF	K 156.						
I hereby claim foreign prioril certificate, or 365(a) of any America, listed below and ha or of any PCT international a	PCT international application international policies in PCT international application in PCT	on which designated at least checking the box, any foreign	ist one country o	other than the lor patent or inve	United States of					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		opy Attached?					
Number(s)	Country	(MIMI/DU/TTT)	NOT Claimed	YES	NO					
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	ation numbers are listed on a				reto:					
	under 35 U.S.C. 119(e) of an		application(s) lis	sted below.						
Application Number	(s) Filing Date	e (MM/DD/YYYY)		•	• •					
Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.										

[Page 1 of 2]
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### **DECLARATION** — Utility or Design Patent Application

United States of United States of information who	r Americ r PCT In ch is ma	ca, listed below a ternational applic terial to patentat	and, inso ation in oility as	otar as the sub the manner prodefined in 37 (	oject matter ovided by th CFR 1.56 w	ot ea	ch of th	e claims of t	his application	is not disclosed	in the prior	
U.S	U.S. Parent Application or PCT Parent Number								Par	Parent Patent Number		
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As a named inve and Trademark	entor, I h Office co	ereby appoint the innected therewit	h: X	Customer Nun	ractitioner(s	s) to pr .0	osecute	this applicat	on and to trans	Place Cust	omer	
					ctitioner(s)	name/	registra	tion number	isted below			
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Additional r	egistered	d practitioner(s) n	amed o	n supplementa	l Registere	d Pract	itioner I	nformation s	neet PTO/SB/02	C attached here	eto.	
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Name of So	le or F	irst Inventor					A petitio	on has bee	n filed for this	unsigned inve	ntor	
		ne (first and mi	iddle [if	any])		Family Name or Surname						
Ronr	nie											
Inventor's Signature										Date		
Residence: C	ity			State		c	ountry	SE		Citizenship	SE	
Post Office Ad	idress	Hjalmar Söderbergsväg 16C										
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.  As a named inventor. I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pater and Trademark Office connected therewith:    Customer Number   Care												
City			State		ZIP				Country			
	invento	rs are being na	med o	n the 2 su	pplement	al Ado	litional	Inventor(s)	sheet(s) PTC	/SB/02A attac	hed heretr	

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#### **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1\_ of 2\_

Name of Addition	al Joint Inventor, if an	ıy:			A petition	n has been filed	for this	s unsigne	ed inve	entor	
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City		State			ZIP		Country				
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Eva					Wik	sell					
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City		State			ZIP		Coun	try			
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Given Nar	ne (first and middle [if any	<u>(1)</u>				Family Nan	ne or S	urname			
Maria				L	imin	ga					
Inventor's Signature								Dat	te		
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City		State			ZIP		C	ountry			

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### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2\_ of 2\_

Name of Additional Joint Inventor, if any:									ntor	
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Post Office Address								<del>-</del> 1		
City	Cincinnati	State	ОН		ZIP 4	45242	Country	, US	}	
Name of Addition	nal Joint Inventor, if any	/:	···-	_ D A	petitio	n has been filed	i for th	is unsigne	d inve	entor
Given Na	me (first and middle [if any])			_		Family Nan		Surname		
Rober	t Scott				Yo	ungqui	st			
Inventor's Signature								Date	·	
Residence: City		State		c	ountry	US		Citizen	ship	US
Post Office Address	8511 Charles	ton k	<b>K</b> nol	l Co	urt					
Post Office Address										-
City	Mason	State	OF	1	ZIP	45040	Cou	ntry	US	) 
Name of Additio	nal Joint Inventor, if an	y:			A petitic	n has been file	d for th	his unsign	ed inv	entor
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Inventor's Signature	Date									
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